

IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Work Group: Clinical Quality Improvement

Research Question: Best Practice States with Model-Testing Awards: Massachusetts, Oregon, and Minnesota

Source: Centers for Medicare & Medicaid Services Innovations: <http://innovation.cms.gov/initiatives/state-innovations-model-testing/>

1. Commonwealth of Massachusetts

- The Massachusetts model builds upon the Commonwealth's history of health care innovation and multi-stakeholder engagement, its work on expanding coverage, and recent legislation that commits the Commonwealth and all of its payers and providers to an ambitious transformation of the health care delivery system.
- In the Massachusetts model, primary care practices will be supported as they transform themselves into patient-centered medical homes—capable of assuming accountability for cost and offering care coordination, care management, enhanced access to primary care, coordination with community and public health resources, and population health management. The Massachusetts model will strengthen primary care through shared savings/shared risk payments with quality incentives based on a statewide set of quality metrics, as well as payments to support practice transformation.
- This award will be used to support public and private payers in transitioning to the specified model, enhance data infrastructure for care coordination and accountability, advance a statewide quality strategy, integrate primary care with public health and other services, and create measures and processes for evaluating and disseminating best practices.

2. Oregon

- The Oregon Coordinated Care Model (CCM) proposes to use the State's purchasing power to realign health care payment and incentives so that State employees, Medicare beneficiaries, and those purchasing qualified health plans on Oregon's Health Insurance Exchange will have high-quality, low-cost health insurance options that are sustainable over time. The CCM will focus on integrating and coordinating physical, behavioral, and oral health care; shifting to a payment system that rewards quality care outcomes rather than volume; aligning incentives across medical care and long-term care services and supports; reducing health disparities and partnering with community public health systems to improve health.

- Oregon will begin implementing its model test in Medicaid through its system of coordinated care organizations (CCOs)—risk-bearing, community-based entities governed by a partnership among providers of care, community members, and entities taking financial risk for the cost of health care. It will use the State Innovation Models Initiative funding to foster the spread of this new model of care to additional populations and payers, including Medicare and private plans, such as those covering State employees. CCOs have the flexibility, within model parameters, to institute their own payment and delivery reforms to achieve the best possible outcomes for their membership. They are accountable for the health and care of the population they serve and are rewarded for improving both the quality of care and health care value. CCOs will transition payment for care from a fully-capitated model to payment that is increasingly based on health care outcomes. To accelerate the transition, the Oregon Health Authority plans to create a transformation center that will disseminate best practices among CCOs and other health plans, support rapid-cycle improvement, and spread the model across payers and into the qualified health plans on the health insurance exchange in 2014.

3. Minnesota

- The Minnesota Accountable Health Model proposes to ensure that every citizen of the State has the option to receive team-based, coordinated, patient-centered care that increases and facilitates access to medical care, behavioral health care, long term care, and other services.
- To better integrate care and services for the whole person across the continuum of care (including health care, mental health care, long-term care, and other services), the Minnesota Accountable Health Model will test a comprehensive, statewide program to close the current gaps in health information, create a quality improvement infrastructure, and provide the workforce capacity essential for team-based coordinated care. In addition to strengthening clinical health care, the Minnesota model for health system transformation will emphasize community health, preventive services, behavioral health, and other support services.
- Minnesota will increase the kinds of care offered through accountable care organizations (ACOs), including for the first time long-term social services and behavioral health services. It will create linkages between the ACOs and Medicare, Medicaid, and commercial insurers, aligning payments to provide better care coordination, wider access to services, and improved coverage. Minnesota also plans to work with community organizations to create “Accountable Communities for Health” that will integrate medical care with behavioral health services, public health, long-term care, social services, and other forms of care, share accountability for population health, and provide care centered on the needs of individuals and families.
- This award will enable Minnesota to expand its health information exchange and health information technology infrastructure, develop a workforce of community health workers and care coordinators, and support primary care physicians who wish to transform their practices into patient-centered medical homes to improve their patients’ overall health.